

# *Project 2020*

## Building on the Promise of Home and Community-Based Services



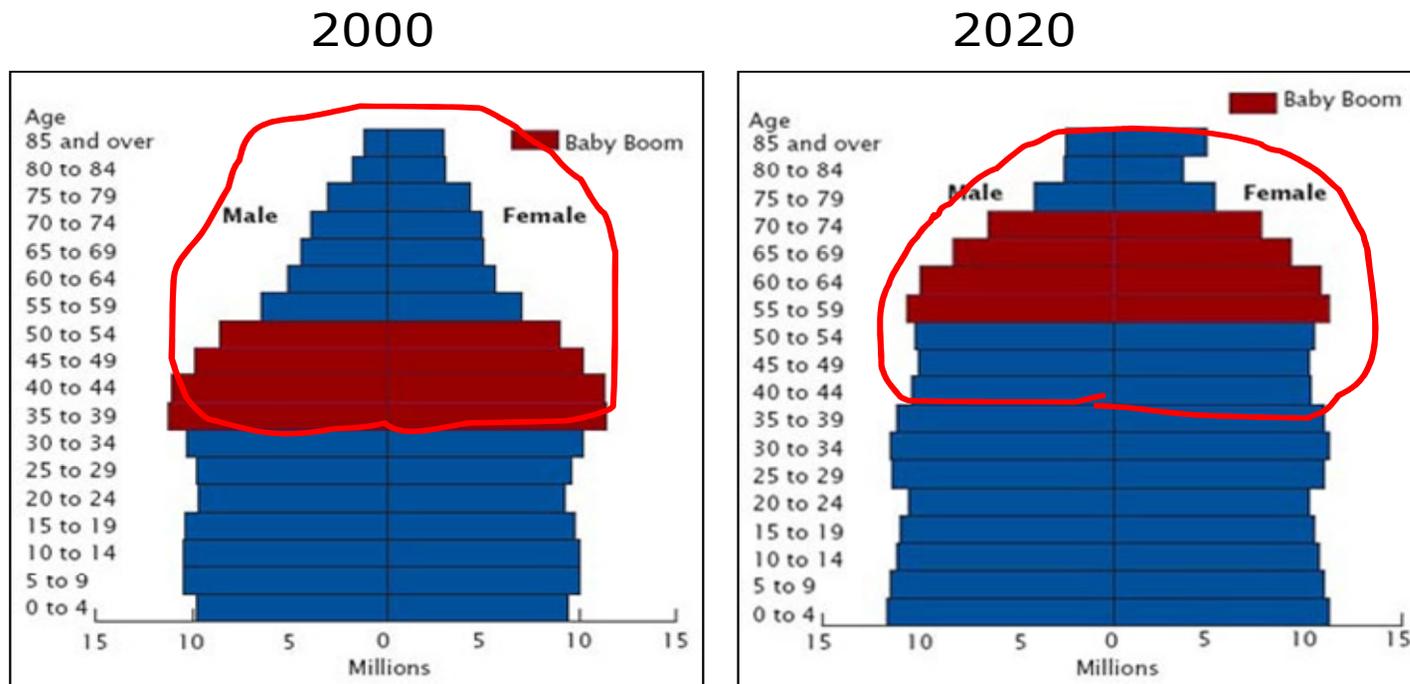
# Background

- ▶ Winter 2007 meetings of NASUA and n4a
- ▶ Boards have met dozens of times to hammer out agreements
- ▶ Language in 2006 Reauthorization of Older Americans Act
- ▶ Seeking appropriations to match the authorizing language
- ▶ Using the past five years' worth of tested and proven best practices

# NASUA/n4a Principles

- ▶ First, do no harm.
- ▶ Build on the current aging services network, not replace it.
- ▶ Encourage individuals' ability to live independently.
- ▶ Continue to serve the unique needs of rural, poor, minority, and disabled and aging populations.
- ▶ Support consumer-directed initiatives.
- ▶ Services should not be greater than the Medicaid waiver program.
- ▶ Encourage the increased use of technology to support efforts.
- ▶ Recognize that individuals, AAAs, SUAs, providers, and the federal government all have to contribute to make the program successful.

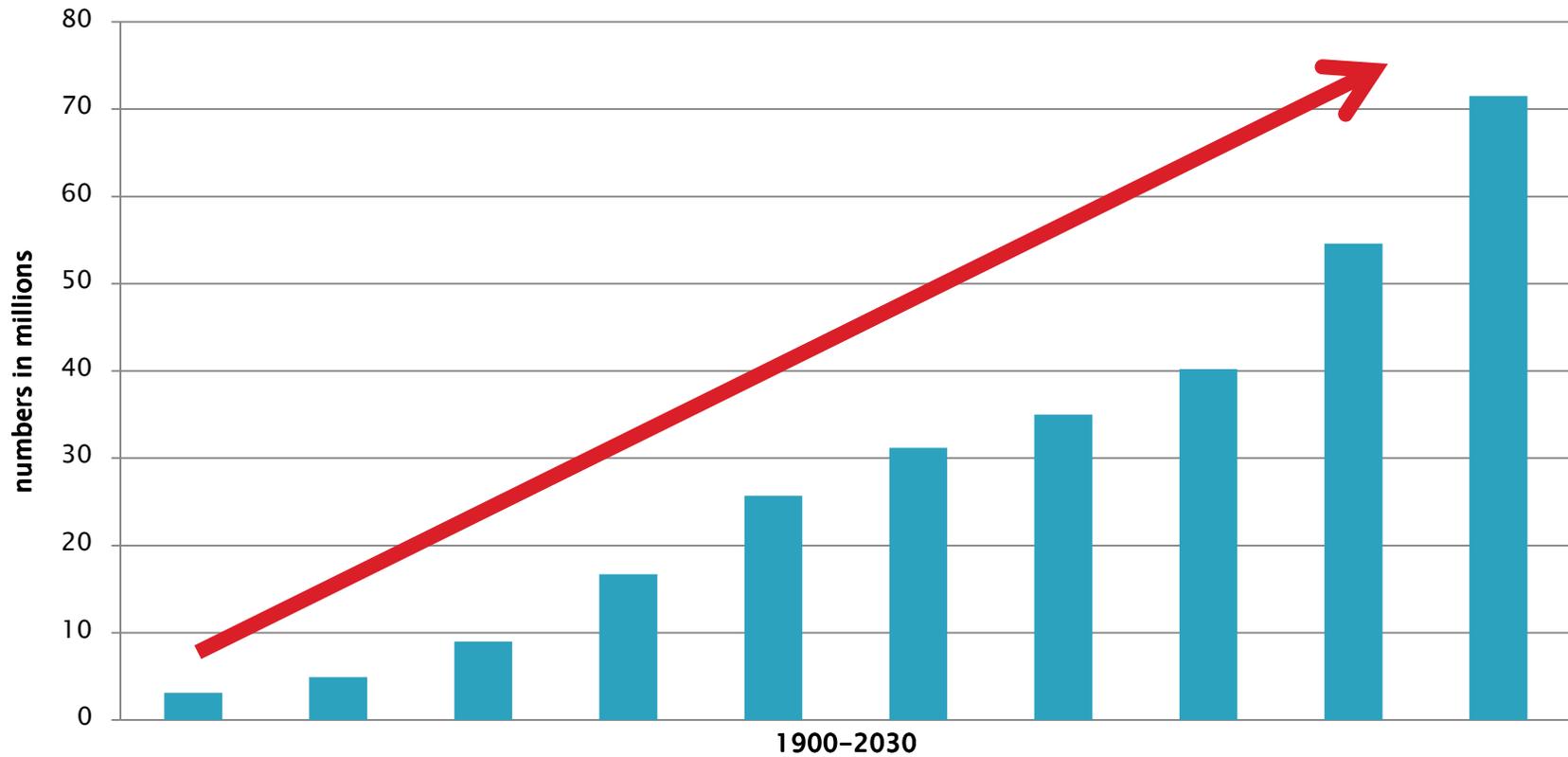
# Changing Demographics



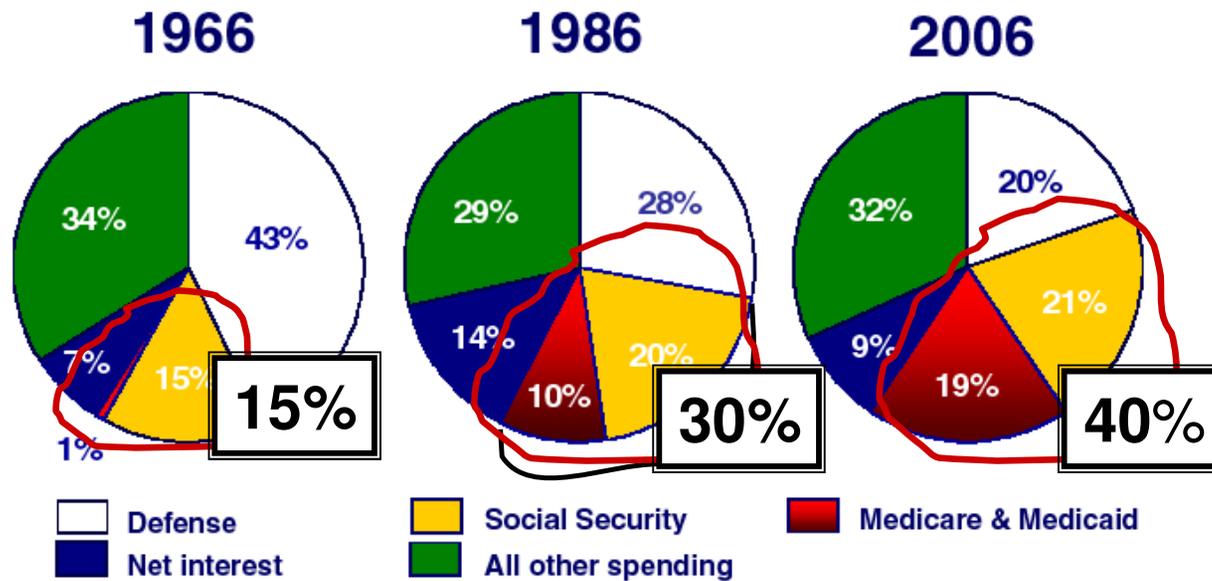
Source of charts: U.S. Census Bureau, "65+ in the United States: 2005," December 2005.

# Need for Action

## Growth of Persons Age 65+



# Composition of Federal Spending

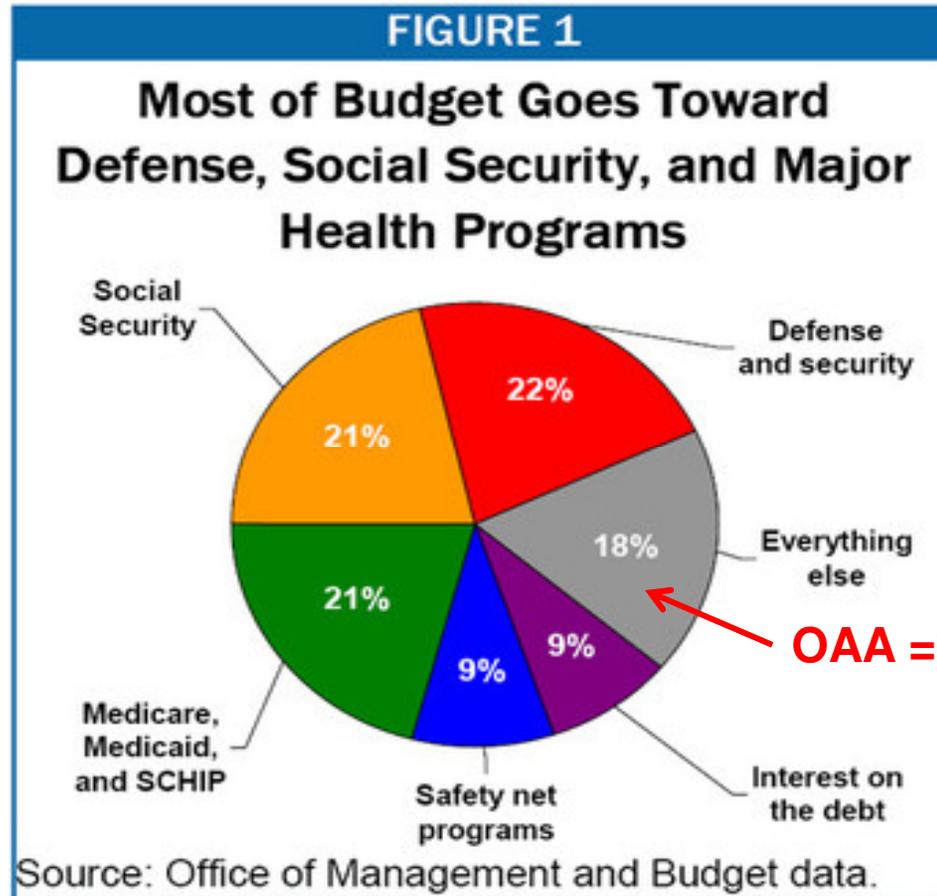


Source: Office of Management and Budget and the Department of the Treasury.

Note: Numbers may not add to 100 percent due to rounding.

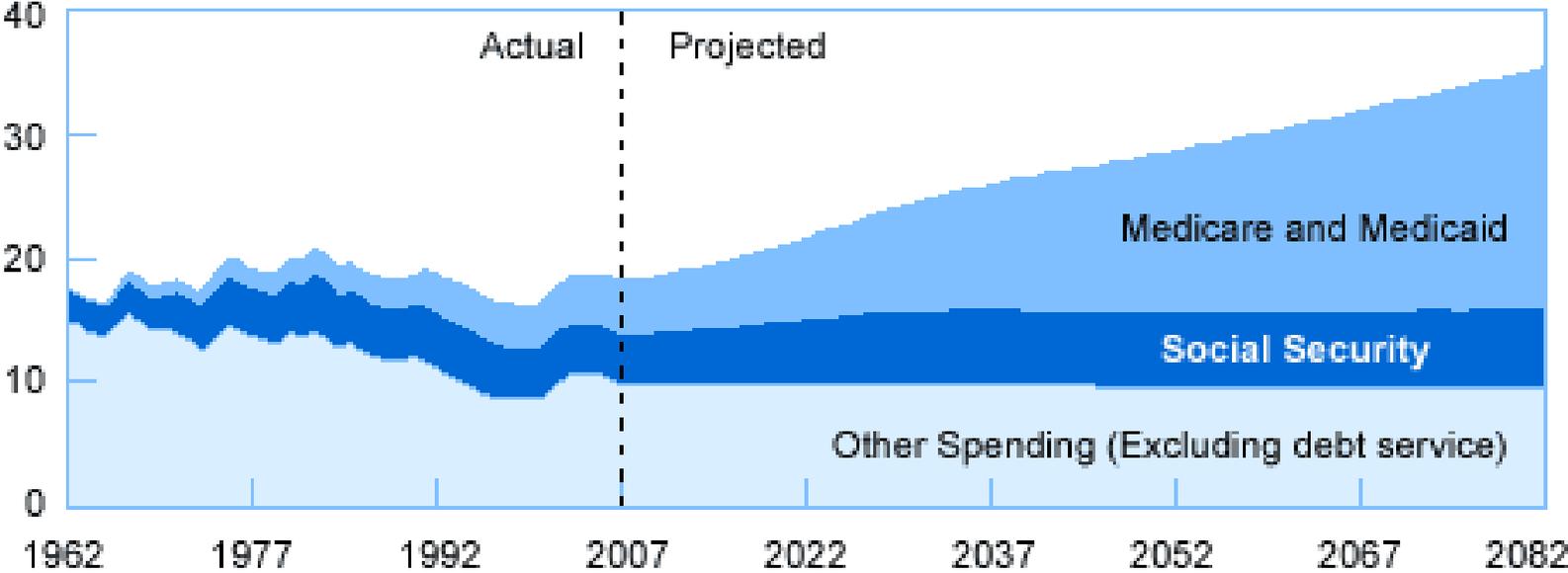
# Spending on Older Americans Act

Total Spending  
\$2.73 Trillion

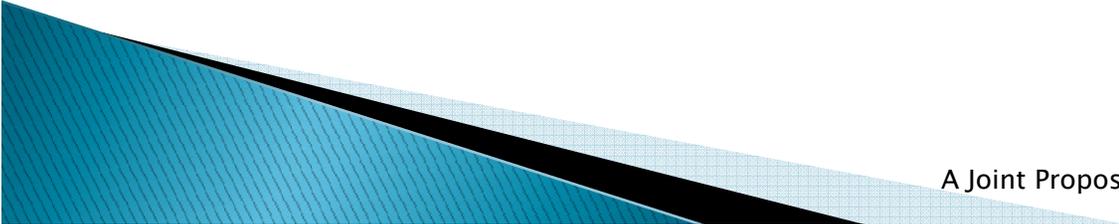


OAA = 0.066%

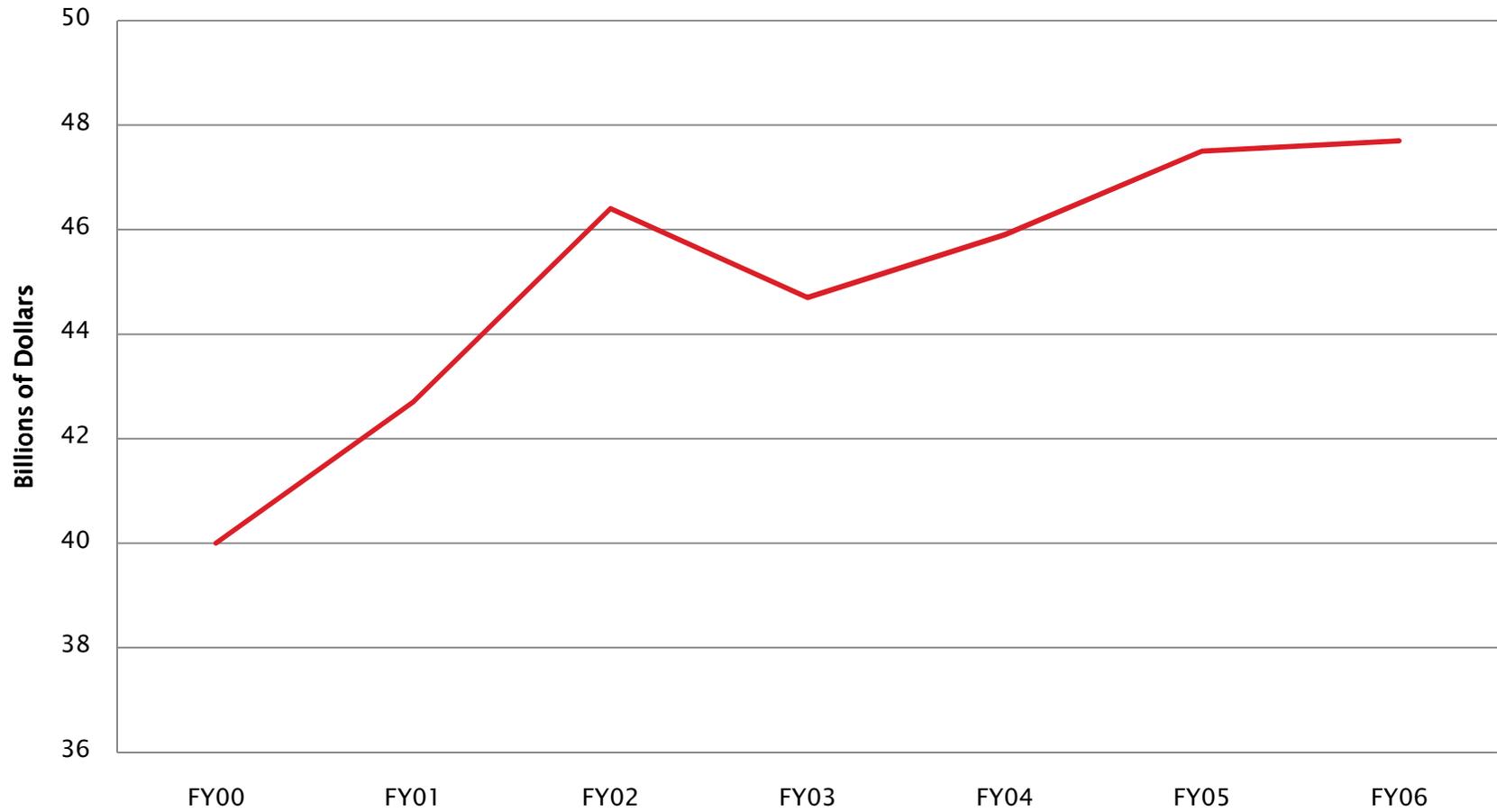
# Percent of Gross Domestic Product



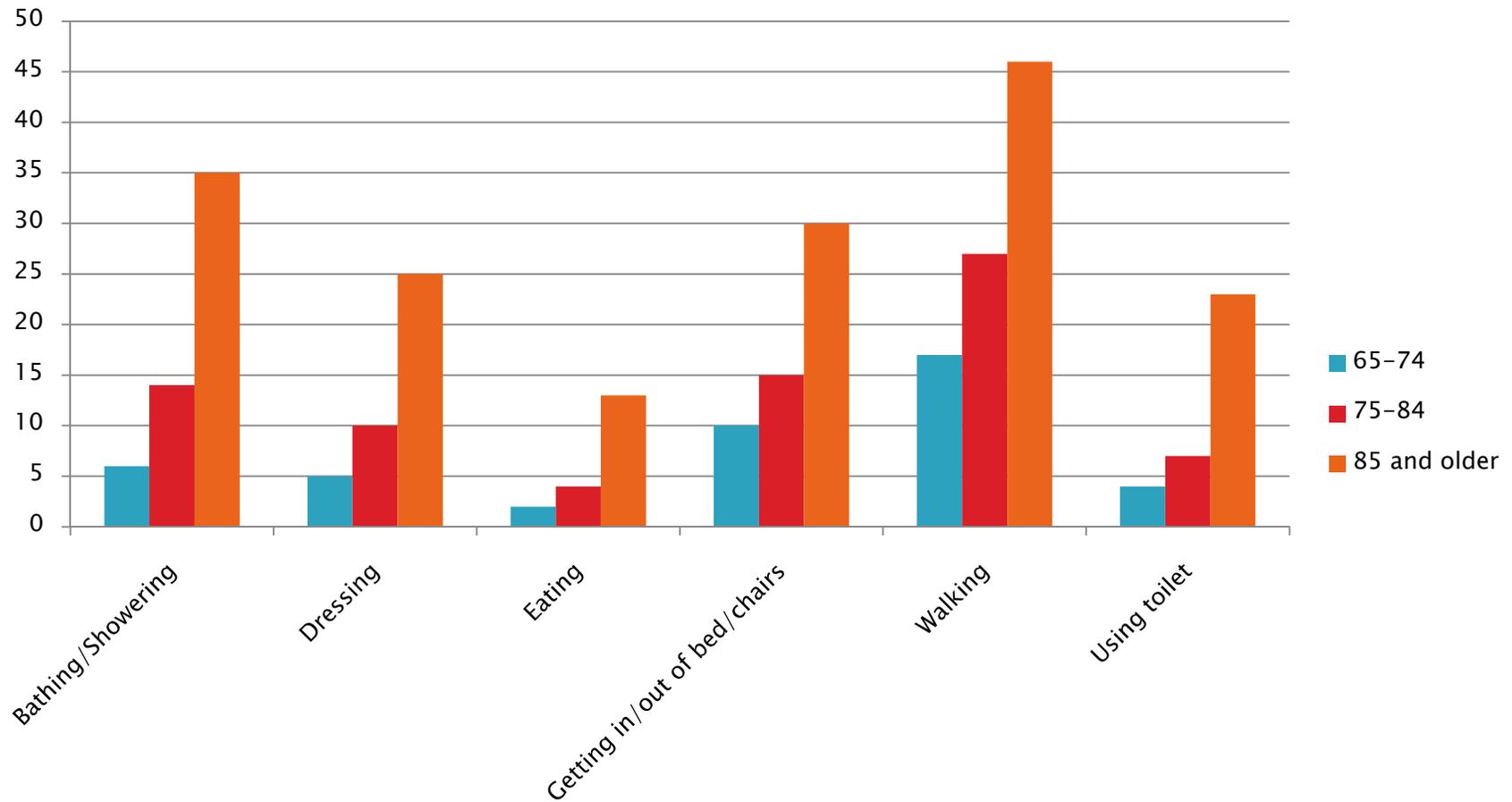
Source: Congressional Budget Office, June 2008



# Medicaid Nursing Facility Spending



# Percent of Individuals with Limitations in Activities of Daily Living by Age Group



# The Aging Services Network

## ▶ Who Do We Serve?

- 27% of consumers are poor
- 33% of consumers live in rural areas
- 20% of consumers are minority
- 52% of older persons report having a disability

## ▶ Who Are We?

- 56 State Units on Aging
- 629 Area Agencies on Aging
- 244 Title VI Native American Aging Programs plus 2 Native Hawaiian organizations representing 400 Tribes
- Thousands of Service Providers

# Components of the Proposal

Component of Program	Service
Person-Centered Access to Information	Provides assistance, access, counseling and awareness of long-term care services and supports
Evidence-Based Disease Prevention and Health Promotion	Targets scientifically proven interventions to reduce chronic disease and disability to affected elderly individuals
Enhanced Nursing Home Diversion Services	Provides consumer directed community care to individuals at high risk of institutionalization

# Number of Recipients

Component of Program	Eligibility Criteria	Estimated Number of Recipients (5 years)	Estimated Number of Recipients (10 years)
Person-Centered Access to Information	Anyone interested in Long-Term Care	40 million	105 million
Evidence-Based Disease Prevention and Health Promotion	Individuals 60 or older or who are at risk of falls, have chronic illness, etc.	1.2 million	4.1 million
Enhanced Nursing Home Diversion Services	300 percent of SSI with assets not in excess of \$25,000	124,000	172,000

# Federal Net Change

Components of Program	Estimated Federal Net Change (5 years)	Estimated Federal Net Change (10 years)
Person-Centered Access to Information	\$322.4 million	\$1.1 billion
Evidence-Based Health Promotion and Disease Prevention	\$158 million	\$665.8 million
Enhanced Nursing Home Diversion Services	\$111.8 million	\$618 million

# Person-Centered Single-Entry Point Systems

	Federal	State	Total
Outlays	\$600 million	\$200.1 million	\$800.2 million
Savings	\$1.7 billion	\$1.3 billion	\$3.0 billion
Net Change	\$1.1 billion	\$1.1 billion	\$2.2 billion

*\* Over 10 years*

# Evidence-Based Health Promotion and Disease Prevention

	Federal	State	Total
Outlays	\$234.3 million	\$149.6 million	\$997.6 million
Savings	\$1.5 billion	\$0	\$1.5 billion
Net Change	\$665.8 million	-\$149.6 million	\$516.2 million

*\* Over 10 years*

# Enhanced Nursing Home Diversion Services

	Federal	State	Total
Outlays	\$7.8 billion	\$4.7 billion	\$12.5 billion
Savings	\$8.4 billion	\$6.4 billion	\$14.8 billion
Net Change	\$618 million	\$1.7 billion	\$2.3 billion

*\* Over 10 years*

# How would it work?

Component	State's match	Roll-out
Person-centered access to information	25 percent	First year
Evidence-based disease prevention & health promotion	15 percent	First year
Enhanced nursing home diversion services	States would receive a capped grant based on calculating the states' (FMAP + 5) * number of potential eligibles	Phased in over 3 years

# Other Components

- ▶ Technology Grants (examples of some uses)
  - To build web portals for ADRCs
  - To develop on-line training programs for disease management
  - To build health information exchanges for community centers
- ▶ Technical Assistance
  - State and community level specific, tailored technical assistance
- ▶ Evaluation

# What's Next?



# Transforming & Modernizing America's Health Care System

- ▶ **Protect Families' Financial Health**
- ▶ Make Health Care Coverage Affordable
- ▶ Aim for Universality
- ▶ Provide Portability of Coverage
- ▶ **Guarantee Choice**
- ▶ **Invest in Prevention and Wellness**
- ▶ Improve Patient Safety and Quality Care
- ▶ **Maintain Long-Term Fiscal Stability**

# A Call to Action: Health Reform 2009

- ▶ **Individual Responsibility**
- ▶ Strengthening the Employer-based system
- ▶ Guaranteed Access to Affordable Coverage
- ▶ **Strengthening Public Programs**
- ▶ **Focusing on Prevention and Wellness**
- ▶ **Addressing Health Disparities**

# How Can You Help?

- ▶ Learn more about 2020, visit our blog and websites
- ▶ Join our listservs to stay continuously informed
- ▶ Contact your Congressional delegation
- ▶ Send letters, emails, and phone calls to key Congressional members
- ▶ Ask your member of Congress to co-sponsor the legislation
- ▶ Work with your state legislature

# For additional information



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